



Massachusetts Department of Environmental Protection
Environmental Results Program
Initial Compliance Certification
For New Boilers

Facility Name _____

A Facility Information

Facility Name	Facility SIC Code	Facility ID # (DEP-Assigned)
Facility Street Address	City/Town	Zip Code
Telephone #	Fax #	Federal Employer ID # (FEIN)
Contact Person Name	Title	Telephone #

B Compliance Information

Complete and submit an Initial Compliance Certification form for each new boiler that is subject to ERP for Boilers.
Answer all questions, unless you are directed to skip a question. Do not answer questions that you are directed to skip.

Manufacturer of boiler being installed	Date of Installation:
Boiler Model	
Boiler Serial #	
Boiler ID #	
Maximum Heat Input of Boiler (Million Btu per Hour)	

- | | | | | | |
|-----|--|--------------------------|--------------------|--------------------------|------------------------|
| 1. | Is the new boiler replacing an <u>old</u> boiler? | <input type="checkbox"/> | Yes. | <input type="checkbox"/> | No - Skip to # 3a |
| 2a. | The primary fuel burned in the <u>old</u> boiler was natural gas. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2b. | The primary fuel burned in the <u>old</u> boiler was #2 distillate fuel oil. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2c. | The primary fuel burned in the <u>old</u> boiler was #6 residual fuel oil. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2d. | The primary fuel burned in the <u>old</u> boiler was solid fuel. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3a. | The new boiler burns natural gas. (See workbook section 2.1) | <input type="checkbox"/> | Yes – Skip to #3c. | <input type="checkbox"/> | No |
| 3b. | The new boiler burns red dye distillate fuel as the primary fuel. A natural gas pipeline of sufficient capacity does not exist beneath a street or sidewalk adjacent to the facility property. (See workbook section 2.1). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Submit a RTC Plan |
| 3c. | Is the new boiler equipped with dual fuel burners? (See workbook section 2.1). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Do you have manufacturer documentation that the boiler as designed, and when operated according to the manufacturer's instructions, will comply with the emission limitations in workbook section 2.2? | <input type="checkbox"/> | Yes. | <input type="checkbox"/> | No - Submit a RTC Plan |
| 5a. | Is the height of your stack at least 1.5 times greater than the height of your building? (See workbook section 2.5.a) | <input type="checkbox"/> | Yes. | <input type="checkbox"/> | No |
| 5b. | Is the height of your stack greater than all adjacent structures, as defined in the workbook section 5? | <input type="checkbox"/> | Yes – Skip to #7. | <input type="checkbox"/> | No |

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B **Compliance Information (Cont'd)**

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|------|--|--------------------------|--|--------------------------|------------------------|
| 6. | If you answered No to question 5a or 5b, have you performed an analysis using an EPA dispersion model to determine that your emissions will not cause a violation of the National Ambient Air Quality Standards (See workbook section 2.5.a and Appendix 1)? | <input type="checkbox"/> | Yes. | <input type="checkbox"/> | No - Submit a RTC Plan |
| 6a. | Did the analysis demonstrate that the stack emissions do not cause a violation of the National Ambient Air Quality Standards? | <input type="checkbox"/> | Yes. | <input type="checkbox"/> | No - Submit a RTC Plan |
| 7. | Is the stack exhaust flow vertical and unrestricted by a rain protection device? (See workbook sections 2.5.b and 2.5.c) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Submit a RTC Plan |
| 8. | Is the boiler equipped with an <i>automated combustion control system</i> , as defined in section 5 of the workbook? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. | Do you discharge boiler blowdown to the sewer? (See workbook section 3.1) | <input type="checkbox"/> | Yes – Skip to Section C | <input type="checkbox"/> | No |
| 10. | Do you discharge boiler blowdown to a septic system? (See workbook section 3.2) | <input type="checkbox"/> | Yes – Cease discharge to the septic system and submit a RTC Plan | <input type="checkbox"/> | No |
| 11. | Do you discharge boiler blowdown to surface water? (See workbook section 3.3) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Skip to # 12 |
| 11a. | Do have a permit to discharge boiler blowdown to surface water? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Submit a RTC Plan |
| 12. | Do you discharge boiler blowdown to the ground or groundwater? (See workbook section 3.4) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Skip to # 13 |
| 12a. | Do you have permit to discharge boiler blowdown to the ground or groundwater? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Submit a RTC Plan |
| 13. | Do you store boiler blowdown in a holding tank or container? (See workbook section 3.5) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Skip to Section C |
| 13a. | Have you submitted a holding tank compliance certification or received a plan approval? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No – Submit a RTC Plan |



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C *Certification Statement*

Note: Complete all required forms before signing this statement

"I, _____, attest under the pains and penalties of perjury:

- I. that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- III. that systems to maintain compliance are in place at the facility and will be maintained for the coming year even if processes or operating procedures are changed over the course of the year; and
- IV. that I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Source of Signatory Authority:

If a Corporation:

☐ President ☐ Secretary ☐ Treasurer

☐ Vice President (If authorized by corporate vote)

☐ Representative of the Above (If authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor

If a Municipality or

☐ Principal Executive Officer

Public Agency

☐ Ranking Elected Official (empowered to enter into contracts on behalf of the municipality or public agency)